

Superior Court of California, County of Lassen

ADMINISTRATIVE SERVICES DEPARTMENT

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QUOTE SUBMISSION FORM

Attach narrative, design plans and other relative documents.

VENDOR INFORMATION		
Vendor Name:		
Contact Name:		
Street Address:		
City/State/Zip:		
TAX ID#/SS#:		
Telephone:	Fax:	E-mail:

BID INFORMATION			
Total:		Valid For:	
Submitted By: (Signature & Title)			
Authorized By: (Signature & Title)			